

3634
Atty. Dkt. No. 044123-1474

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Travers et al

Title: DISH DRAINER AND TRAY
SYSTEM WITH COMPACT
STORAGE OF THE TRAY

Appl. No.: 09/649,399

Filing Date: 08/28/2000

Examiner: J. Novosad

Art Unit: 3634

CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on the date below. <u>Deborah Kucorowski</u> (Printed Name) <u>Deborah Kucorowski</u> (Signature) <u>06-11-01</u> (Date of Deposit)
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JUN 19 2001

TO 3600 MAIL ROOM

RESTRICTION REQUIREMENT TRANSMITTALCommissioner for Patents
Box NON-FEE AMENDMENT
Washington, D.C. 20231

Transmitted herewith is a Response to Restriction Requirement in the above-identified application.

- ☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- ☐ Small Entity statement is enclosed.
- ☒ The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	17	20	0	x \$18.00	\$0.00
Independents:	3	3	0	x \$80.00	\$0.00
First presentation of any Multiple Dependent Claims:				+ \$270.00	\$0.00
CLAIMS FEE TOTAL:					\$0.00

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$890.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,890.00	\$0.00
EXTENSION FEE TOTAL:			\$0.00
CLAIMS AND EXTENSION FEE TOTAL:			\$0.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$0.00

- ☐ Please charge Deposit Account No. 06-1447 in the amount of \$0.00 . A duplicate copy of this transmittal is enclosed.
- ☐ A check in the amount of \$0.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 6/11/01

By Scott D. Anderson

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Milwaukee, Wisconsin 53202-5367
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Scott D. Anderson
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